

TOWN OF HILTON HEAD ISLAND PLANNING DEPARTMENT

MASTER APPLICATION FORM

ONE TOWN CENTER COURT

• HILTON HEAD ISLAND, SC 29928 •

843-341-4681 •

FAX 843-842-8908

Please TYPE or PRINT legibly

NAME OF DEVELOPMENT _____

STREET ADDRESS _____

ZONING DISTRICT _____ OVERLAY DISTRICT _____

TAX DISTRICT _____ MAP _____ PARCEL (S) _____

LAND OWNER _____ APPLICANT _____ AGENT _____

NAME _____

COMPANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

FAX _____

*** A CHECK-IN CONFERENCE IS REQUIRED FOR THESE ITEMS. SEE LMO 16-3-104 FOR MORE INFORMATION. ATTACH THE NECESSARY SUPPLEMENTAL FORM(S).**

- | | |
|---|---|
| <input type="checkbox"/> APPEAL * | <input type="checkbox"/> ZONING MAP AMENDMENT * |
| <input type="checkbox"/> DEVELOPMENT PLAN REVIEW * | <input type="checkbox"/> DESIGN REVIEW BOARD |
| <input type="checkbox"/> PLANNED UNIT DEVELOPMENT * | <input type="checkbox"/> PUBLIC PROJECT |
| <input type="checkbox"/> SPECIAL EXCEPTION * | <input type="checkbox"/> SIGN PERMIT |
| <input type="checkbox"/> SUBDIVISION * | <input type="checkbox"/> TREE APPROVAL |
| <input type="checkbox"/> VARIANCE * | <input type="checkbox"/> WETLAND ALTERATION |

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS APPLICATION AND ALL ADDITIONAL DOCUMENTATION IS TRUE, FACTUAL AND COMPLETE. I HEREBY AGREE TO ABIDE BY ALL CONDITIONS OF ANY APPROVALS GRANTED BY THE TOWN OF HILTON HEAD ISLAND. I UNDERSTAND THAT SUCH CONDITIONS SHALL APPLY TO THE SUBJECT PROPERTY ONLY AND ARE A RIGHT OR OBLIGATION TRANSFERABLE BY SALE.

SIGNATURE

DATE

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____

TIME: _____

ACCEPTED BY: _____

MASTER TRACKING NUMBER: _____